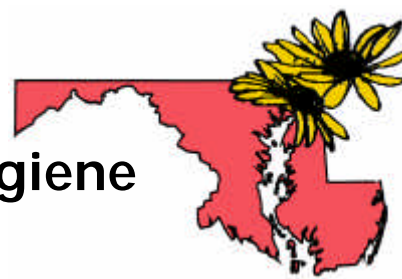


# State of Maryland

## Department of Health and Mental Hygiene



Parris N. Glendening, Governor  
Georges C. Benjamin, M.D., Secretary

Office of Food Protection and Consumer Health Services  
Alan L. Taylor, R.S., Director

### Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section §1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must file a certificate of compliance listing a workers' compensation insurance policy or binder number. **This information must be provided by every employer who has employees anywhere in the United States, any United States territory or United States possession even if there are no employees in Maryland.** This statement of compliance is based on the workers' compensation law applicable in the state in which the licensee is based.

1. I have workers' compensation insurance.

Insurance Company \_\_\_\_\_

Policy or Binder number \_\_\_\_\_

2. A waiver has been received from the Workers' Compensation Commission.  
(ATTACH A COPY OF THE WAIVER).

3. As provided, I am exempt from having workers' compensation insurance.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

5. I am self-employed. I have no employees.

**Circle the number of the option which applies to you, provide the requested information, sign and date the form, and return it with the attached application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Type of License

### FOR OFFICE USE ONLY

New Permit/License \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hold \_\_\_\_\_

Reason \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

6 St. Paul Street, Suite 1301 - Baltimore, Maryland 21202 - 410 -767-8440

FAX 410-333-8931 - TDD for Disabled, Maryland Relay Service, 1-800-735-2258

Toll Free: 1-877-4MD-DHMH

***Healthy People in Healthy Communities***